



**Bid Form**  
**State, Regional, J.O. Optional Championships,**  
**J.O. Compulsory Championships**  
**& National Qualifier**

Name of Competition \_\_\_\_\_

Name of Host Institution \_\_\_\_\_

For State and Regional Competitions:

Name of Meet Director \_\_\_\_\_ USAG # \_\_\_\_\_

For National Qualifier, J.O. Compulsory & J.O. Optional:

Name of Individual that will sign contract: \_\_\_\_\_ USAG# \_\_\_\_\_  
 (must be a USA Gymnastics Professional Member)

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_

Fax \_\_\_\_\_ email \_\_\_\_\_

Dates of Event:      Level 5 \_\_\_\_\_      Level 8 \_\_\_\_\_  
                                  Level 6 \_\_\_\_\_      Level 9 \_\_\_\_\_  
                                  Level 7 \_\_\_\_\_      Level 10 \_\_\_\_\_  
                                  Group \_\_\_\_\_

Facilities: Address of Gym \_\_\_\_\_

Gym Size \_\_\_\_\_ Ceiling Height \_\_\_\_\_ Seating Capacity \_\_\_\_\_

Rental Fee per day \_\_\_\_\_ per hour \_\_\_\_\_ Custodial fees \_\_\_\_\_

Type of carpet \_\_\_\_\_ Warm-up Area \_\_\_\_\_

Amount of Entry Fee to be charged \_\_\_\_\_  
 (state and regional competitions only)

Host Hotel: \_\_\_\_\_ Room rates \_\_\_\_\_ Miles from Airport \_\_\_\_\_

Miles from Gym \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

*If assigned to host the above competition, I will follow the Rules and Policies of USA Gymnastics.*

\_\_\_\_\_ Date      \_\_\_\_\_ Meet Director's or other Signature

Return to respective Regional Chairman for State & Regional Meets.  
 Return to USA Gymnastics Rhythmic Program Director for all others.

***Recommended to attach a copy of the facility contract***